suggest that water-borne diseases are maximum in our country. However, in order to control and minimise the transmission of water borne disease, the Government of India have taken a number of steps to supply safe drinking water under:—

—Minimum Needs Programme.

—Accelerated Rural Water Supply Programme.

—National Water Supply & Sanitation Programme.

—Ganga Project.

The other general steps taken to prevent and control the outbreak of water borne disease include:

(i) Safe disposal of human excreta, garbage, refuse etc.

(ii) Improvement of food and personal hygiene.

(iii) Providing necessary health care facilities by strengthening health infrastructure.

(iv) Improvement of environmental sanitation; and

(v) Strengthening of health education measures.

Infant mortality rate due to malnutrition

297. SHRI S.K.T. RAMACHANDRAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the prevalent higher infant mortality rate in India is due to malnutrition to the infants;

(b) if so, what steps arc taken by Government to provide balanced nutritious diet to the infants;

(c) whether Government propose to establish infant care centres in each village in the rural areas and in each ward in the towns to educate the parents on balanced nutritious diet; and

(d) whether Government in cooperation with the State Governments would formulate scheme to launch effective propaganda on the needs of family welfare planning, parental care of expecting mothers, infant care, balanced diet, prevention of contagious and epidemic disease so that all the messages of welfare schemes reach 'unto the last'?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARA DEVI SIDDHARTHA): (a) The Major causes of infant mortality in India are:—

—Causes related to delivery practices, such as Birth injuries, infections at the time of birth, respiratory infections, diarrhoea-associated deaths due to dehydration, fever of unknown origin and diseases of the circulatory system. Pre-terms and low birth weight babies contribute to the high infant mortality rate in the country. The major reason for preterm and low birth weight babies are the high fertility rates, poor maternal nutrition and infections of the reproductive system. Malnutrition is further aggravated by repeated diarrhoeal episodes and other infections, such as measles.

(b) Steps taken include, ante-natal care during pregnancy, administration of Iron & Folic Acid in women as a prophylaxis against anemia, promotion of breast feeding for infants, universal immunization programme for the prevention of vaccine preventable diseases, including measles and promotion of Oral rehydration therapy for prevention of deaths due to dehydration following diarrhoea. Under the Integrated Child Development Scheme, in operation, supplementary nutrition is also provided to the children in the age groups 0-6 years. Health education and publicity is an essential component for promoting the use of locally available, cheap food products to improve the nutritional status of mothers and children.

(c) No, Sir.

(d) The Propanganda on the needs of family welfare planning, pre-natal care of expecting mothers, infant care, balanced diet, prevention of communicable and epidemic diseases is being promoted with the cooperation of the State Governments through the use of radio, T.V. and other mass-media as well an interpersonal contacts.

298. *[Transferred to 4th December, 1902]*

Assessment about prevalence of AIDS in India

299. SHRI JAGMOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the latest Government's assessment in regard to the prevalence of AIDS in India;

(b) whether it is a fact that Slums and squatters' settclcmcnts are fastly becoming breeding grounds for this disease and its spread to the rural area; and

(c) if so, what remedial measures are being taken in this respect?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARA DEVI SIDDHARTHA): (a) The number of detected cases of HIV infection in the country as on 31.10.1992 is 10,856. This sample is largely confined to the high risk behaviour group. The Government has not done so far any prevalence study of the general population.

(b) There are no empirical studies to show that slums and squatters' settlements arc becoming breeding grounds for this disease.

(c) AIDS at present has no cure. The Government, therefore, is laying stress on the preventive strategies based on raising the level of awareness in the community and the people, increasing blood safety and its rational use, strengthening the sexually transmitted diseases Control Programme and improving Clinical Management and Surveillance.

Deputation to the WHO

300. SHRI RAM RATAN RAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of employees of the Ministry of Health and Family Welfare who are on deputation to the WHO;

(b) the number of employees who left their job and joined the WHO during the last three years; and

(c) what is the number of employees of State Governments who have joined theWHO during the same period?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARA DEVI SIDDHARTHA):
(a) Nil.

(b) One.

(c) Nil.

Medical personnel going abroad

301. SHRIMATI ILA PANDA: Will the Minister of HEALTH AND FAMI LY WELFARE be pleased to state:

(a) the number of medical personnel employed with Government who had gone abroad to attend various medical conferences during the last three years;

(b) what was the amount of expenditure incurred on them; and

(c) whether any evaluation had been made about the advantages of incurring such an expenditure on them?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARA DEVI SIDDHARTHA): (a) During the last three years, the following number of medical and non-medical personnel have been permitted by this Ministry to attend various medical conferences aborad:—